



## LOCAL BORDER SECURITY PROGRAM

### Reimbursement Request Forms - v2015-01

Texas Homeland Security  
State Administrative Agency (THSSAA)

#### LOCAL BORDER SECURITY PROGRAM (LBSP)

##### LBSP Reimbursement Form Numbers

R-1	Invoice	<b>Required</b>
R-2	Individual Time Allocation Report	Optional
R-3	Personnel Summary Expenses	Required, if requesting OT reimbursement.
R-4	Operational Mileage Expenses	Required, if requesting mileage reimbursement.
R-5	Operating Expense - Other	Required, if requesting op.exp. reimbursement.
R-6	Daily Activity Report	Keep this or a similar form in your files.

This Excel workbook can be used for **any** LBSP grant fiscal year.

##### v2015-01 Form updates:

**R-1** Authorization language in signature block is changed.

Form Instructions: Added notes specific to LBSP15.

##### v2014-09 Form updates:

**R-1** Input Grant Year on the R-1 Invoice, and the year copies to all page headers.  
Also, Agency/Grantee name & Pay dates entered on R-1 copy to other forms.

**R-3** Pay Rate goes to 3 decimal places.  
Fringe rate is no longer limited to FICA. User can change fringe percentage.

##### For reference only:

Form numbers on previous versions of forms for LBSP13 & prior years:

R-1	Invoice	
R-2	Individual Time Allocation Report	
R-3	Personnel Summary Expenses	
R-4	Travel Expenses	Was eliminated beginning with LBSP14.
R-5	Operational Mileage Expenses	
R-6	Operating Expense - Other	
R-7	Daily Activity Report	

LBSP Forms List v2015-01

**LOCAL BORDER SECURITY PROGRAM (LBSP) FY: 2015****INVOICE - Form R-1**

TO: Texas Homeland Security State Administrative Agency (THSSAA)  
Attn: **LBSP**  
1033 La Posada Dr Ste 160  
Austin TX 78752-3842  
**SAA-LBSP@dps.texas.gov**



FROM: \_\_\_\_\_  
Agency Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
TX  
City State Zip  
\_\_\_\_\_  
Contact Person / Preparer Phone Number  
\_\_\_\_\_  
Email Address  
Federal Tax ID Number: \_\_\_\_\_

Enter Grant Year:

**2015**

RE: Request for Reimbursement for expenses allowed under grant guidelines while participating in the Local Border Security Program.

GRANTEE'S CONTRACT#: LBSP- INVOICE NO. \_\_\_\_\_

LBSP OPERATION: \_\_\_\_\_

PAY CYCLE DATES FOR THIS REQUEST: \_\_\_\_\_ to: \_\_\_\_\_

**SUBMIT A SEPARATE REQUEST PER PAY CYCLE**

PER GRANTEE'S OT POLICY, OT IS EARNED AFTER \_\_\_\_\_ HOURS  
(e.g., 40, 43, 80, 86, 160, or 171) DURING A \_\_\_\_\_-DAY WORK PERIOD.

STATUS (Check one): Reimbursement: Advance:

EXPENSE SUMMARY:	Personnel	Total \$ from Form R-3(s)	0.00
	Mileage	Total \$ from Form R-4(s)	0.00
	Operating-Other	Total \$ from Form R-5(s)	0.00
			0.00
	<b>TOTAL</b>		<b>\$0.00</b>

By signing below, I authorize the Texas Homeland Security State Administrative Agency (THSSAA) to process this request and certify that all expenses included for reimbursement are allowable under the contract signed by the grantee and the THSSAA.

**YES** Please circle one. The Contact Person named above is authorized to work with the THSSAA on my behalf on any matter related to this request for reimbursement, such as providing additional supporting documentation or agreeing to changes, if necessary, to amounts requested.  
**NO**

SIGNATURE - Grant Financial Officer \_\_\_\_\_ printed name \_\_\_\_\_ DATE \_\_\_\_\_  
Form R-1 v2015-01

**LOCAL BORDER SECURITY PROGRAM (LBSP)****Instructions: Form R-1 Invoice  
[Required Form]****1. Jurisdiction Information**

Agency Name - Grantee  
[Once entered here, the Agency Name will copy to other forms.]  
Address, City, Zip  
Contact Name and Telephone Number  
Email Address of Contact person  
Federal Tax ID Number

**2. Enter Grant Year**

Enter Grant Fiscal Year for this reimbursement request.  
[Once entered here, the year will copy to headers on each page.]

**3. Request for Reimbursement / Invoice**

Grantee's Contract Number:  
From the Notice of Grant Award for your jurisdiction.  
Invoice Number:  
Sequential #1, #2, etc for each grant fiscal year.  
Please use a different number with each reimbursement request.

LBSP Operation Name

Pay Cycle Dates for this Request:

Beginning and ending dates of the pay cycle covered by this reimbursement request. Reimbursable expenses must have occurred during this pay cycle.

[Once entered here, the dates will copy to other forms.]

Number of hours in work period before OT is earned:

40, 43, 80, 86, 160 or 171

Status:

Indicate *Reimbursement* or *Advance*. Check one of these options.

[A one-time Advance is granted upon request.]

Check the Advance option:

when requesting an Advance (submit only Form R-1) -or-  
when submitting an Invoice to apply towards the Advance.

**4. Expense Summary**

Please enter the total dollar amounts from the following forms:

Form R-3: Personnel Summary

Form R-4: Operational Mileage

Form R-5: Operating Expenses-Other

Total will be calculated from amounts entered above.

**5. Signature**

A signature by the Grant Financial Officer is required.  
Please print name also.



## LOCAL BORDER SECURITY PROGRAM (LBSP) FY: 2015

### PERSONNEL SUMMARY EXPENSES - Form R-3

[enter hours & rate]

calculates Fringe Amount in total

Agency Name: \_\_\_\_\_

Pay Cycle Dates From: \_\_\_\_\_ To: \_\_\_\_\_

	Employee Name	Program OT Hours	Pay Rate	Personnel Cost (Amt w/o Fringe)
1		0.00	0.000	0.00
2		0.00	0.000	0.00
3		0.00	0.000	0.00
4		0.00	0.000	0.00
5		0.00	0.000	0.00
6		0.00	0.000	0.00
7		0.00	0.000	0.00
8		0.00	0.000	0.00
9		0.00	0.000	0.00
10		0.00	0.000	0.00
11		0.00	0.000	0.00
12		0.00	0.000	0.00
13		0.00	0.000	0.00
14		0.00	0.000	0.00
15		0.00	0.000	0.00
16		0.00	0.000	0.00
17		0.00	0.000	0.00
18		0.00	0.000	0.00
19		0.00	0.000	0.00
20		0.00	0.000	0.00
21		0.00	0.000	0.00
22		0.00	0.000	0.00
23		0.00	0.000	0.00
24		0.00	0.000	0.00
25		0.00	0.000	0.00

#### Sub-Total Personnel

0	0.00	0.00
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Enter Fringe Benefits % 7.6500%

Allowable Fringe Benefit Reimbursement 0.00

Total Personnel Expenses 0.00

Report Total on Form R-1

[if you have multiple pages of R-3, enter sum of all pages onto R-1]

Form R-3 v2015-01

## LOCAL BORDER SECURITY PROGRAM (LBSP)

### Instructions: Form R-3 Personnel Summary Expenses

[Required Form, if requesting reimbursement for Payroll]

This form summarizes all personnel costs included in this reimbursement request, incurred during this pay cycle. Use multiple pages if necessary. If you have a similar internal document, you may use that worksheet in place of Form R-3.

#### 1. Jurisdiction Information - (will be copied from Form R-1).

Agency Name

Pay cycle dates - same as shown on Form R-1.

#### 2. Enter the following information:

EMPLOYEE NAME: List all employees for whom you seek reimbursement.

\* PROGRAM HOURS: Enter Program Hours (Overtime only) worked on LBSP.

Will reimburse for OT that does not exceed a total of 16 hrs worked (regular hours plus OT hours) during any 24 hour period of a shift.

Only Hours paid at Overtime rate will be reimbursed.

\* PAY RATE: Enter the appropriate Pay Rate - OT rate paid to employee.

FRINGE BENEFITS %: Enter applicable rate at bottom of form -see #6.

#### 3. Personnel Cost

Calculated number: Program Hours x Pay Rate

#### 4. Supporting Documentation

All hours worked and paid must be represented in the backup documentation, which can include any combination of the following examples:

Time and attendance records, Overtime Authorization, Paystubs and/or Payroll Reports.

Signatures are required by the employee and a supervisory official on time records mentioned above or on Form R-2.

Documents must account for total activity [regular plus OT] for which each employee is compensated. LBSP hours and dollar amounts must be

\*\* clearly identified. If documents supplied do not meet this criteria, we may require that you complete Form R-2 to allocate the hours.

#### 5. Sub-Total Personnel

Calculated numbers: Sum of LBSP Hours and sum of Personnel Cost.

#### 6. Fringe Benefits

LBSP13 reimburses Fringe Benefits of FICA only, up to 7.65%.

LBSP14 and LBSP15 reimburses the cost of Fringe benefits specific to LBSP OT hours, i.e. FICA, retirement, unemployment, workers comp [only at rates incurred by the jurisdiction; not amounts deducted from employee pay].

#### 7. Total Personnel Expenses

Calculated: Sum of Sub-Total Personnel Cost and Fringe Benefits Amount.

If using multiple pages, add together the totals from each Form R-3 and report the grand total amount on the Expense Summary of Form R-1.

Form R-3 Instructions v2015-01

# LOCAL BORDER SECURITY PROGRAM (LBSP) FY: 2015

## PERSONNEL SUMMARY EXPENSES - by employee - Form R-3 calculates Fringe Amount by employee

Agency Name: \_\_\_\_\_

Pay Cycle Dates	From:	To:			
Employee Name	Program OT Hours	Pay Rate	Personnel Cost (Amt w/o Fringe)	Fringe Rate	Personnel Cost Total incl Fringe
1	0.00	0.000	0.00	0.00%	0.00
2	0.00	0.000	0.00	0.00%	0.00
3	0.00	0.000	0.00	0.00%	0.00
4	0.00	0.000	0.00	0.00%	0.00
5	0.00	0.000	0.00	0.00%	0.00
6	0.00	0.000	0.00	0.00%	0.00
7	0.00	0.000	0.00	0.00%	0.00
8	0.00	0.000	0.00	0.00%	0.00
9	0.00	0.000	0.00	0.00%	0.00
10	0.00	0.000	0.00	0.00%	0.00
11	0.00	0.000	0.00	0.00%	0.00
12	0.00	0.000	0.00	0.00%	0.00
13	0.00	0.000	0.00	0.00%	0.00
14	0.00	0.000	0.00	0.00%	0.00
15	0.00	0.000	0.00	0.00%	0.00
16	0.00	0.000	0.00	0.00%	0.00
17	0.00	0.000	0.00	0.00%	0.00
18	0.00	0.000	0.00	0.00%	0.00
19	0.00	0.000	0.00	0.00%	0.00
20	0.00	0.000	0.00	0.00%	0.00
21	0.00	0.000	0.00	0.00%	0.00
22	0.00	0.000	0.00	0.00%	0.00
23	0.00	0.000	0.00	0.00%	0.00
24	0.00	0.000	0.00	0.00%	0.00
25	0.00	0.000	0.00	0.00%	0.00
<b>Sub-Total Personnel</b>					
0	0	0.00			0.00

### Total Personnel Expenses

Report Total on Form R-1

[if you have multiple pages of R-3, enter sum of all pages onto R-1]

Form R-3 by Employee v2015-01

# LOCAL BORDER SECURITY PROGRAM (LBSP)

## Instructions: Form R-3 Personnel Summary Expenses - by Employee [Required Form, if requesting reimbursement for Payroll]

This form summarizes all personnel costs included in this reimbursement request, incurred during this pay cycle. Use multiple pages if necessary. If you have a similar internal document, you may use that worksheet in place of Form R-3. This version of Form R-3 allows you to enter a separate fringe rate by employee.

### 1. Jurisdiction Information - (will be copied from Form R-1).

Agency Name

Pay cycle dates - same as shown on Form R-1.

### 2. Enter the following information:

EMPLOYEE NAME: List all employees for whom you seek reimbursement.

\* PROGRAM HOURS: Enter Program Hours (Overtime only) worked on LBSP.  
Will reimburse for OT that does not exceed a total of 16 hrs worked  
(regular hours plus OT hours) during any 24 hour period of a shift.

Only Hours paid at Overtime rate will be reimbursed.

\* PAY RATE: Enter the appropriate Pay Rate - OT rate paid to employee.

FRINGE RATE: Enter applicable Fringe percentage by employee -see #6.

### 3. Personnel Cost

Calculated number: Program Hours x Pay Rate

### 4. Supporting Documentation

All hours worked and paid must be represented in the backup documentation, which can include any combination of the following examples:

Time and attendance records, Overtime Authorization,  
Paystubs and/or Payroll Reports.

Signatures are required by the employee and a supervisory official on time records mentioned above or on Form R-2.

Documents must account for total activity [regular plus OT] for which each employee is compensated. LBSP hours and dollar amounts must be  
\*\* clearly identified. If documents supplied do not meet this criteria, we may require that you complete Form R-2 to allocate the hours.

### 5. Sub-Total Personnel

Calculated numbers: Sum of LBSP Hours and sum of Personnel Cost.

### 6. Fringe Benefits

LBSP13 reimburses Fringe Benefits of FICA only, up to 7.65%.  
LBSP14 and LBSP15 reimburses the cost of Fringe benefits specific  
to LBSP OT hours, i.e. FICA, retirement, unemployment, workers comp  
[only at rates incurred by the jurisdiction; not amounts deducted from  
employee pay].

### 7. Total Personnel Expenses

Calculated: Sum of Sub-Total Personnel Cost and Fringe Benefits Amount.

If using multiple pages, add together the totals from each Form R-3 and  
report the grand total amount on the Expense Summary of Form R-1.

Form R-3 Instructions-by Employee v2015-01

# LOCAL BORDER SECURITY PROGRAM (LBSP) FY: 2015

## OPERATIONAL MILEAGE EXPENSES - Form R-4

Agency Name: \_\_\_\_\_

Pay Cycle Dates From: \_\_\_\_\_ To: \_\_\_\_\_

	Employee Name	Date	Unit #	Starting Mileage	Ending Mileage	Mileage
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
11				0	0	0
12				0	0	0
13				0	0	0
14				0	0	0
15				0	0	0
16				0	0	0
17				0	0	0
18				0	0	0
19				0	0	0
20				0	0	0
21				0	0	0
22				0	0	0
23				0	0	0
24				0	0	0
25				0	0	0

Total Operational Miles:	0
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Use Mileage Rate according to Performance Dates : State rate for mileage reimb. 0.575  
 in 2013: 0.565; in 2014: 0.560; in 2015: 0.575. Total Operational Mileage Amt at above rate 0.00  
 Report Total on Form R-1  
 [if you have multiple pages of R-4, enter sum of all pages onto R-1]

# LOCAL BORDER SECURITY PROGRAM (LBSP)

## Instructions: Form R-4 Operational Mileage Expenses

[Required Form, if requesting reimbursement for Operational Mileage]

This form summarizes mileage information for travel in government vehicles while working LBSP. Use multiple pages if necessary. May claim mileage on this form, or the cost of fuel and lubricants on Form R-5, but not both. If you have a similar internal document, you may use that worksheet in place of Form R-4.

### 1. Jurisdiction Information - (will be copied from Form R-1).

Agency Name

Pay cycle dates - same as shown on Form R-1.

### 2. Enter information as shown below.

Employee name.

Date: Date that employee worked LBSP.

Unit #: Vehicle unit number.

Starting Mileage: Odometer reading at start of Operation for that shift.

Ending Mileage: Odometer reading at end of Operation for that shift.

### 3. Mileage

Calculated number: Ending minus Starting mileage.

### 4. Mileage Reimbursement Rate

Mileage reimbursement rate is determined by the State Comptrollers Office.

Use the rate that corresponds to the performance date.

For example, the rate for mileage used in 2014 is \$0.56/mile, and the rate for mileage used in 2015 is \$0.57.5/mile, regardless of grant year.

### 5. Supporting Documentation

As backup documentation, maintain a Vehicle use log in your records, clearly showing officer name, date, vehicle unit number, starting & ending odometer reading for time spent on LBSP (see Form R-6)

You are *not* required to submit a copy of this log with the reimbursement request; however, you must keep a copy available for review upon request.

### 6. Total Operational Mileage Expense

Calculated number: Total mileage for the page times Rate.

If using multiple pages, add together the totals from each Form R-4 and report the grand total amount on the Expense Summary of Form R-1.

LOCAL BORDER SECURITY PROGRAM (LBSP) FY: 2015

OPERATING EXPENSES - OTHER - Form R-5

Agency Name: \_\_\_\_\_

Pay Cycle Dates                      From:                      To: \_\_\_\_\_

	Date	Description	Amount
1			0.00
2			0.00
3			0.00
4			0.00
5			0.00
6			0.00
7			0.00
8			0.00
9			0.00
10			0.00
11			0.00
12			0.00
13			0.00
14			0.00
15			0.00
16			0.00
17			0.00
18			0.00
19			0.00
20			0.00
21			0.00
22			0.00
23			0.00
24			0.00
25			0.00

Total Operating Expenses-Other	0.00
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Report Total on Form R-1

Must include copy of itemized receipts or invoices with proof of payment. See LBSP grant guidelines for details.

LOCAL BORDER SECURITY PROGRAM (LBSP)

Instructions: Form R-5 Operating Expenses

[Required Form, if requesting reimbursement for Operating Expenses]

This form summarizes operating costs incurred during field operations that are part of this program. May claim the cost of fuel and lubricants on this Form R-5, or operational mileage on Form R-4, but not both.

1. Jurisdiction Information - (*will be copied from Form R-1*).

Agency Name

Pay cycle dates - same as shown on Form R-1.

2. Enter information as shown below.

Date: Date of expense for which reimbursement is being requested.

Description: examples of eligible expenses are listed below.

Amount.

3. Examples of Eligible Expenses

Fuel and lubricants for vehicles (e.g., aircraft, boats, generators, and similar equipment). Consumables (e.g., flashlight, radio batteries, film, flares, and first aid supplies). Cost of minor emergency repairs (e.g., tire repair, fan belt replacement, etc.) Maximum limit of \$150 per repair.

Other SAA preapproved expenses (e.g., cost of equipment rental or other services critical to the program).

4. Supporting Documentation

Include a copy of itemized Expense receipts showing proof of payment.

5. Travel Expenses

Reimbursement for Travel expenses will be handled on a case-by-case basis and can be requested on this form.

6. Total Operating Expenses

Calculated number: Sum of individual amounts.

Report the grand total amount on the Expense Summary of Form R-1.

## LOCAL BORDER SECURITY PROGRAM (LBSP) FY: 2015

### DAILY ACTIVITY REPORT - Form R-6

Agency Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name	Badge Number	Unit Number	Shift

Time In	Time Out	Total LBSP Hours

Starting Mileage	Ending Mileage	Total Mileage

Contacts	Searches	Citations Issued	Warnings Issued

Arrest Made	Type of Arrest	Drugs Seized	Amount Seized

Illegal Aliens Apprehended	Agency Assist

**Narrative:**


Officer's Signatures: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

## LOCAL BORDER SECURITY PROGRAM (LBSP)

### Instructions: Form R-6 Daily Report [Optional Form, see below] \*\*

This form summarizes vehicle use information and activity conducted while working a LBSP operation. (It can be used as supporting documentation for mileage on Forms R-4 or R-5.)

If you have a similar internal document, you may use that form in place of Form R-6.

\*\* Beginning FY14, you are *not* required to submit a copy of this log, or the Form R-6 Daily Report, with the reimbursement request. Please keep a copy available in your records for review upon request.

#### 1. Supporting Documentation

As backup documentation, maintain a Vehicle use log in your records, clearly showing officer name, date, vehicle unit number, starting & ending odometer reading for time spent on LBSP.

#### 2. Jurisdiction Information

Agency Name

Date of Activity: must be within dates as shown on Form R-1.

#### 3. Enter information.

Fields are self-explanatory.